

# Position Statement

## Aboriginal and Torres Strait Islander Patient Identification – 2019

The Australian Indigenous Doctors' Association (AIDA) is the peak body representing Aboriginal and Torres Strait Islander medical students and doctors in Australia. AIDA's membership includes doctors across a wide and continually growing range of specialities. Identification of Aboriginal and Torres Strait Islander patients is a point of concern across all specialties due to the impact under-identification has on data quality. Community education and the cultural competency of staff is essential to ensure that the standard Indigenous identity question is asked both appropriately and consistently, and that the patient response is accurately recorded. We advocate for best practice in patient identification and recognise its importance in the development of policy and services for Aboriginal and Torres Strait Islander Peoples and communities.

### Background

Throughout Australia, typical standards of identification for Aboriginal and Torres Strait Islander Peoples include a three-part definition, which are that a person be of Aboriginal or Torres Strait Islander descent, that they identify as Aboriginal or Torres Strait Islander and that they are accepted as such by the community in which they live or have lived'.<sup>1</sup> It is accepted that this type of formal identification should be excluded by health care providers and instead, providers should ensure that there is a standard question asked of all patients, irrespective of country of birth, age, appearance, clothing, language or other characteristics.

Evidence-based practice is a foundational element of the *National Aboriginal and Torres Strait Islander Health Plan 2013-2023*. The plan acknowledges that we need accurate data to monitor health outcomes and redress systemic racism in the healthcare system.<sup>2</sup> Under-identification is a key issue in data collection for Aboriginal and Torres Strait Islander Peoples. It results in gaps in data, therefore policy and service provision may be impeded.<sup>3</sup> Under representation in data collection is also a prevalent issue in other areas, such as higher education<sup>4</sup> and victim identification<sup>5</sup>. Addressing under-identification should include discussions around the best ways to ask the identification question, which should adhere to best practice for asking and recording the identification of Aboriginal and Torres Strait Islander patients.

### General Practice and pathology

There has been specific investigation into patient identification in certain areas of medical practice. Research in General Practice found that the majority of registrars (74.5 per cent) had a high level of confidence in asking patients about their Aboriginal and/or Torres Strait Islander status, whereas almost a quarter (25.5 per cent) rated themselves as somewhat or not confident for this skill.<sup>6</sup> The Royal Australian College of General Practitioners (RACGP) highlights sixteen areas in which preventative health has an impact, including mental health, antenatal health and health care for the elderly. At the core of these areas is the ability for doctors to identify patients as being of Aboriginal and/or Torres Strait Islander descent.

There has also been concern raised about identification in pathology, with many collection forms not including a requirement for Indigenous status to be recorded, which has an impact on the treatment of cancer, communicable disease and cervical screening registries.<sup>7</sup> Registries for cancers and infectious diseases are essential for the management and prevention of these diseases nationally, and notification through pathology services could be a critical factor in understanding the health of Aboriginal and Torres Strait Islander Peoples. For example, Indigenous status was reported for less than half of the cases of Hepatitis B notified in 2017. From this data we can extrapolate and surmise that Aboriginal and Torres Strait Islander Peoples experience more Hepatitis B infections, however we need more funding at either the state or national levels to head-off an epidemic, additional staffing resources and greater support for specific regions.<sup>8</sup>

A study in the Australian Capital Territory found there were significant cultural barriers to collecting identifying data. These barriers include a reluctance by some patients to self-identify in certain situations, and resistance by those at data collection points – medical centres, pathology laboratories and hospital services entry points – to ask what is perceived by many to be either an irrelevant or a culturally insensitive question.<sup>9</sup> The recommendations from the study found that changes should be made at the national level, rather than within jurisdictions. These examples indicate that there is significant progress to be made in the area of Indigenous identification in the healthcare system, and that existing practices create profound gaps in the provision of targeted services and policies for Aboriginal and Torres Strait Islander patients.

### **Asking the question**

Determining identification of Aboriginal and Torres Strait Islander patients should be done at the point of admission into all practices, emergency departments and or community centres.<sup>10</sup> Self-reporting is the most accurate way of ascertaining Indigenous status. The question should be uniform and follow the structure as set out by the Australian Bureau of Statistics (ABS) and the Australian Institute of Health and Welfare (AIHW):

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- Are you (is the person) of Aboriginal and/or Torres Strait Islander origin?

The responses likewise, should be uniform and allow for patients to respond to the question in a self-identification manner:

- No
- Yes, Aboriginal
- Yes, Torres Strait Islander
- Yes, Aboriginal and Torres Strait Islander

AIDA agrees that the question and the answers not be altered in any way because changing a word can vary the meaning of the question thereby possibly eliciting a differing response from the patient.<sup>12</sup>

The question may be constructed with a suggested preamble: 'The following information will assist in the planning and provision of appropriate and improved healthcare and services'.<sup>13</sup> An individual's right not to identify must be respected. Historical, cultural or personal reasons may influence an individual's choice to identify as Aboriginal and/or Torres Strait Islander.<sup>14</sup>

### **Staff training**

Literature indicates that staff often express reasons for not asking the question appropriately, citing motives such as fear of aggression<sup>15</sup> and wanting to treat all patients equally.<sup>16</sup> AIDA advocates for cultural safety training for all staff who provide frontline service delivery to ensure they are respectful and able to break down barriers in collection and accurate reporting of identification information. Completing the admissions process correctly should be a mandatory element of all registering staff requirements.<sup>17</sup> Staff need to be confident in asking the question and recording the response in a respectful non-assuming way. They should treat the question as they would other identifying questions in a general admissions process. However, training that only focuses on asking the identity question will not be sufficient to counter racism or bullying in the admissions process, nor will it address the attitudes or biases staff may hold towards clients who refuse to answer the question. As such, we advocate for cultural safety training as a holistic measure to combat racism and instil confidence in asking the question.

### **Community education**

Information about Indigenous identification in the healthcare system, and the ways in which this data is used to inform improved health programs and policies should be freely accessible to all Indigenous and non-Indigenous community members. This supports self-identification, which has been recognised as the most

accurate way to collect this information. Community education could include community engagement and relationship building, publicity and television campaigns, merchandise, continued updating of patient information, visible representations of Aboriginal and Torres Strait Islander histories, languages and cultures, and Indigenous staff.<sup>18</sup> Community education along with staff training should be culturally safe and embed local cultural knowledges and experiences. Advocacy for best practice and evaluation should underpin all initiatives to ensure ongoing reflection and up to date enterprise.

## Recommendations

To improve identification of Aboriginal and Torres Strait Islander Peoples in the healthcare system, AIDA makes the following recommendations:

- Increase efforts to improve access to appropriate healthcare based on the best available evidence<sup>19</sup>
- Use of the standard question and answers as developed by the ABS and AIHW<sup>20</sup>
- Adhere to best practice in collecting identification data, including cultural safety training for all staff and targeted community education strategies, as supported by the Lowitja Institute<sup>21</sup>
- The specific inclusion of Indigenous status as a mandated question on pathology collection forms
- Continued advocacy of the *National Anti-Racism Strategy*<sup>22</sup>
- Create culturally safe spaces for Aboriginal and Torres Strait Islander Peoples
- A national approach that includes practice and patient level initiatives, such as sign-on incentives and access to improved healthcare programs
- Ability to use collected data in public policy development work

<sup>1</sup> Carlson, B 2016. The Politics of Identity, who counts as Aboriginal today? Page 131. Aboriginal Studies Press. Canberra.

<sup>2</sup> Commonwealth of Australia 2013. National Aboriginal and Torres Strait Islander Health Plan 2013-2023. Page 18. Accessed 11 September 2018 at <http://www.health.gov.au/natsihp>

<sup>3</sup> Australian Institute of Health and Welfare 2010. National Best Practice guidelines for collecting Indigenous status in health data sets. Page 2. Accessed 4 September 2018 at <https://www.aihw.gov.au/reports/indigenous-australians/national-guidelines-collecting-health-data-sets/contents/table-of-contents>

<sup>4</sup> Drew N, Wilks J, Wilson K, Kennedy G 2016. Stand up and be counted: data quality challenges in Aboriginal and Torres Strait Islander higher education statistics. *Australian Aboriginal Studies*. Vol. 2.

<sup>5</sup> Hardman A 2010. The Not-So Standard Indigenous Question: identifying Aboriginal and Torres Strait Islander victims. *Indigenous Law Bulletin*. Volume 7 Issue 16.

<sup>6</sup> Morgan S, Thompson A, O'Mara P, Tapley A, Henderson K, van Driel M, Scott J, Spike N, McArthur L, Magin P 2016. Identification of Aboriginal and Torres Strait Islander status by general practice registrars: confidence and associations. *Australian Family Physician*. 45:9. Page 679.

<sup>7</sup> Australian Institute of Health and Welfare 2013. The Inclusion of Indigenous status on pathology request forms. Accessed 11 September at <https://www.aihw.gov.au/reports/indigenous-australians/indigenous-status-on-pathology-request-forms/contents/summary>

<sup>8</sup> The Kirby Institute 2018. Bloodborne viral and sexually transmissible infections in Aboriginal and Torres Strait Islander people. Accessed 22 January at [https://kirby.unsw.edu.au/sites/default/files/kirby/report/KI\\_Aboriginal-Surveillance-Report-2018.pdf](https://kirby.unsw.edu.au/sites/default/files/kirby/report/KI_Aboriginal-Surveillance-Report-2018.pdf)

<sup>9</sup> Guglani L, Tredinnick S, Anderson S 2008. Increasing Indigenous Identification Feasibility Project. Page 5. Accessed 11 September at <http://health.act.gov.au/datapublications/reports/aboriginal-torres-strait-islander-pathology-forms>

<sup>10</sup> ACT Health 2009. Asking patients – “Are you of Aboriginal and/or Torres Strait Islander origin?”. Accessed 4 September 2018 at <https://www.health.act.gov.au/sites/default/files/Asking%20patients%20-%20Are%20you%20of%20Aboriginal%20and%20or%20Torres%20Strait%20Islander%20Origin.pdf>

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<sup>11</sup> ACT Health 2009. Asking patients – “Are you of Aboriginal and/or Torres Strait Islander origin?”. Accessed 4 September 2018 at <https://www.health.act.gov.au/sites/default/files/Asking%20patients%20-%20Are%20you%20of%20Aboriginal%20and%20or%20Torres%20Strait%20Islander%20Origin.pdf>

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NACCHO/RACGP 2012. National Guide to preventative health assessment for Aboriginal and Torres Strait Islander people. 2<sup>nd</sup> edition. Accessed 4 September at <https://www.racgp.org.au/your-practice/guidelines/national-guide/>

<sup>12</sup> Australian Institute of Health and Welfare 2010. National Best Practice guidelines for collecting Indigenous status in health data sets. Page 13. Accessed 4 September 2018 at <https://www.aihw.gov.au/reports/indigenous-australians/national-guidelines-collecting-health-data-sets/contents/table-of-contents>

<sup>13</sup> Australian Institute of Health and Welfare 2010. National Best Practice guidelines for collecting Indigenous status in health data sets. Page 9. Accessed 4 September 2018 at <https://www.aihw.gov.au/reports/indigenous-australians/national-guidelines-collecting-health-data-sets/contents/table-of-contents>

<sup>14</sup> Australian Commission on Safety and Quality in Health Care 2017. National Safety and Quality Health Service Standards: User Guide for Aboriginal and Torres Strait Islander Health. Page 35. Accessed 11 September 2018 at <https://www.safetyandquality.gov.au/wp-content/uploads/2017/12/National-Safety-and-Quality-Health-Service-Standards-User-Guide-for-Aboriginal-and-Torres-Strait-Islander-Health.pdf>

<sup>15</sup> Australian Institute of Health and Welfare 2010. National Best Practice guidelines for collecting Indigenous status in health data sets. Page 3. Accessed 4 September 2018 at <https://www.aihw.gov.au/reports/indigenous-australians/national-guidelines-collecting-health-data-sets/contents/table-of-contents>

<sup>16</sup> ACT Health 2009. Asking patients – “Are you of Aboriginal and/or Torres Strait Islander origin?”. Accessed 4 September 2018 at <https://www.health.act.gov.au/sites/default/files/Asking%20patients%20-%20Are%20you%20of%20Aboriginal%20and%20or%20Torres%20Strait%20Islander%20Origin.pdf>

<sup>17</sup> Australian Institute of Health and Welfare 2010. National Best Practice guidelines for collecting Indigenous status in health data sets. Page 11. Accessed 4 September 2018 at <https://www.aihw.gov.au/reports/indigenous-australians/national-guidelines-collecting-health-data-sets/contents/table-of-contents>

<sup>18</sup> The Australian National University and The Lowitja Institute 2010. Improving the Identification of Aboriginal and Torres Strait Islander People in Mainstream General Practice. Page 40-42. Accessed 11 September at [https://www.lowitja.org.au/sites/default/files/docs/Identification\\_report\\_Kelaher2010.pdf](https://www.lowitja.org.au/sites/default/files/docs/Identification_report_Kelaher2010.pdf)

<sup>19</sup> Commonwealth of Australia 2013. National Aboriginal and Torres Strait Islander Health Plan 2013-2023. Accessed 24 October 2018 at <http://www.health.gov.au/natsihp>

<sup>20</sup> Hickey S 2015. It all comes down to ticking a box: collecting Aboriginal identification in a 30-year longitudinal health study. *Australian Aboriginal Studies*. Issue 2. Page 35.

<sup>21</sup> The Australian National University and The Lowitja Institute 2010. Improving the Identification of Aboriginal and Torres Strait Islander People in Mainstream General Practice. Page 26, 34, 38-42. Accessed 11 September at [https://www.lowitja.org.au/sites/default/files/docs/Identification\\_report\\_Kelaher2010.pdf](https://www.lowitja.org.au/sites/default/files/docs/Identification_report_Kelaher2010.pdf)

<sup>22</sup> Australian Human Rights Commission 2012. National Anti-Racism Strategy. Accessed 11 September 2018 at <https://www.humanrights.gov.au/sites/default/files/National%20Anti-Racism%20Strategy.pdf>